

Office of the State Coordinator for Health Information Technology Steering Committee

October 13th, 2011



Department of Health and Human Services
Commissioner's Office
221 State Street
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 287-3707
Fax (207) 287-3005; TTY (800) 606-0215

AGENDA

- Welcome & Introductions
- Draft Minutes from September 2011 HITSC Mtg
- Program Updates
 - Bangor Beacon Program – Cathy Bruno or designee
 - Community College Program – Megan Landry or Paul Richardson
 - MPCA – Kevin Lewis or Bob Kohl
 - HIN – Dev Culver or Shaun Alfreds
 - REC
 - MaineCare – Dawn Gallagher
 - IHOC – Joanie Klayman, Muskie School
 - HIX – Karynlee Harrington

AGENDA

- Behavioral Health
 - Data Streamlining Workgroup – Jim
 - Accelerating Adoption of HIT in Behavioral Health
- HealthInfoNet Use Statistics
 - Background history of HIN and demonstration phase
 - State HIT Plan and what we are trying to accomplish
 - HIN statistics
 - Discussion
 - Recommendations
- LD1467 Resolve
 - Background to LD1467
 - Workplan
 - Discussion
- Other HIT related issues if time permits
- Adjourn



The Bangor Beacon Community (BBC), comprised of 12 Partners and led by EMHS, is working to improve the health of chronically ill people in the Bangor region through sustainable care coordination that is facilitated by health information technology (HIT). More than a dozen additional statewide collaborators are working to ensure that the improved outcomes brought about through BBC learning and health information exchange, are extended throughout the State of Maine. The BBC is supported through a three year, \$12.75 million grant from the Office of the National Coordinator (ONC) for HIT.

Status Report October 5, 2011

The Cianchette Building
43 Whiting Hill Road
Brewer, Maine 04412

207.973.7050
Fax 207.973.7139

Collaborative Highlights

The Bangor Beacon Community and Quality Counts/Aligning Forces for Quality co-sponsored *Care About Your Care* on September 15, 2011 at the Spectacular Event Center in Bangor. The Bangor Beacon Community was featured during the live broadcast moderated by Dr. Oz. Kathy Bragdon, RN, care manager at Penobscot Community Health Center (PCHC) was featured during the segment. You can watch the broadcast at www.careaboutyourcare.org. The campaign hopes to increase awareness about what consumers can do to identify and receive better care.

The Bangor Beacon Community welcomed two new employees – Melanie Pearson and Beth Johnson. Melanie is the new project manager for Health Information Technology & Meaningful Use projects and Beth is a project coordinator assisting with reporting, administration, and communication for the grant. The Clinical Research Center also added new employees to work on Beacon – Sam Dow is an intern; Jennifer Hubbard is a CRC research associate, and Heather Broussard is a Beacon database specialist.

Five Federally Qualified Healthcare Centers (FQHC) regionally located near the Bangor Beacon Community were granted supplemental funding from the Health Resources and Services Administration (HRSA) to improve connectivity and use of health information to improve care coordination. The centers include Bucksport Regional Health Center, Health Access Network, Katahdin Valley Health Center, PCHC, and Sebasticook Family.

Patient Centered Strategy

Health Information Technology & Meaningful Use – Immunization data is now being fed to HealthInfoNet (HIN). Northeast Cardiology Associates now has a contract to begin connecting to HIN. EMMC and St. Joseph ambulatory practices have upgraded their software and soon will be feeding data to HIN.

Care Management – In September, members of the Care Manager Forum participated in a focus group discussion to share their experiences as part of the Bangor Beacon Community. A report will be forthcoming. Several care managers attended a tobacco intervention basic skills class sponsored through the Forum.

Mental Health – 19 patients are currently enrolled in the text messaging pilot project. Some of these patients have reported improved compliance with testing, medication management, and meal planning.

Challenges/Opportunities

Sustainability – On August 29, 2011, EMHS submitted an application to the Centers for Medicare and Medicaid Innovation (CMS) to be a Pioneer Accountable Care Organization. Our Bangor Beacon Community partners are all part of the governance of the new Beacon Health, LLC. We recently received notice from CMS that we have been selected to interview in Baltimore regarding our application.

Enrollment – Research coordinators continue to enroll more non Beacon patients. They have enrolled more than 170 control group patients to date toward a new goal of 300. Bangor Beacon Community care managers have enrolled more than 1,150 patients in the program.

Feedback

We value your input, please let us know if we can improve these updates and as always you can find us online at: www.bangorbeaconcommunity.org.

Submitted by Catherine Bruno, Executive Sponsor

Bangor Beacon Community Partners

EMHS
The Acadia Hospital
Community Health
and Counseling
Eastern Maine
Community College
Eastern Maine
HomeCare
Eastern Maine
Medical Center
HealthInfoNet
Maine Primary
Care Association
Penobscot
Community
Health Care
Ross Manor
St. Joseph
Healthcare
Stillwater Healthcare



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MaineCare HIT Initiative Program Status Update

October 13th, 2011



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Medicaid Requirements

- Must be on the CMS list of the type of professionals that qualify (physicians, nurse practitioners, dentists, pediatrician, and certain physician assistants)
- Must have and use an electronic Health Record (E H R) that is on CMS's list of "Certified" systems
- A certain percentage of patient visits must be Medicaid visits

How to apply

- Register on-line with Center for Medicare and Medicaid Services (CMS)
- CMS sends electronic notification to MaineCare Services that professional/hospital registered
- MaineCare Services sends email to Professional or Hospital with instructions how to apply (attest)
- MaineCare Services verifies requirements met and issues payment

First Week Results

- Eligible Professionals
 - 72 Registrations
 - \$1.5 Million First Year Payments
- Eligible Hospitals
 - 10 Hospitals
 - \$4.5 Million First Year Payments

Important Dates for Hospitals

- *Hospitals:* November 30, 2011 is the last day for eligible hospitals to register and attest to receive an Incentive Payment for Federal fiscal year 2011 (October 1, 2010 through September 30, 2011).
- If the hospital registers after November 30, 2011, the payment is considered to be made in Federal fiscal year 2012.
- That means the hospital can not apply for another payment for federal fiscal year 2012.
 - Hospital registers November 29th. The payment is considered to be FFY 2011 and the Hospital may apply for its second payment in 2012.
 - Hospital registers December 1, 2011. the payment is considered to be FFY 12 and the hospital can not apply for its second payment until federal fiscal year 2013.

Resources

- **Dawn R. Gallagher, Project Manager**
dawn.r.gallagher@maine.gov
- ***Email Inquiries:*** ehrhelppdesk.dhhs@maine.gov
- **Website:**
<http://www.maine.gov/dhhs/oms/HIT/index.html>

PLEASE NOTE: Legislative Information *cannot* perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

Resolve, To Evaluate the All-payor Claims Database System for the State

Sec. 1 Creation of working group. Resolved: That the Department of Health and Human Services, referred to in this resolve as "the department," shall establish and convene a working group to evaluate options and actions available to improve the availability of and access to health care data and to examine the all-payor claims database system in the State; and be it further

Sec. 2 Membership. Resolved: That the Commissioner of Health and Human Services shall invite 17 persons to participate in the working group, as follows:

1. Two representatives of health insurance carriers;
2. Two representatives of health care providers, one member representing hospitals and one member representing physicians;
3. Two representatives of employers, one member representing a statewide health management coalition and one member representing a statewide chamber of commerce;
4. One representative of consumers;
5. One expert in both state and federal privacy laws;
6. One representative of the Maine Health Data Organization;
7. One representative of the Maine Health Data Processing Center;
8. One representative of Onpoint Health Data;
9. One representative of the Department of Administrative and Financial Services, Office of Information Technology;
10. One representative of HealthInfoNet;
11. One representative of the MaineCare program within the department;
12. One representative of the federal Medicare program;
13. One representative of the Office of the Attorney General; and
14. One representative of the Maine Quality Forum; and be it further

Sec. 3 Cochairs. Resolved: That the members of the working group shall select 2 of the members to serve as cochairs; and be it further

Sec. 4 Evaluation. Resolved: That the working group shall consider changes to the State's all-payor claims database system to improve the availability of and access to health care data by:

1. Reviewing the current structures of and relationships among the Maine Health Data Organization, the Maine Health Data Processing Center and Onpoint Health Data in order to evaluate the timeliness and effectiveness of the data received;

HP1076, on - First Regular Session - 125th Maine Legislature, page 1

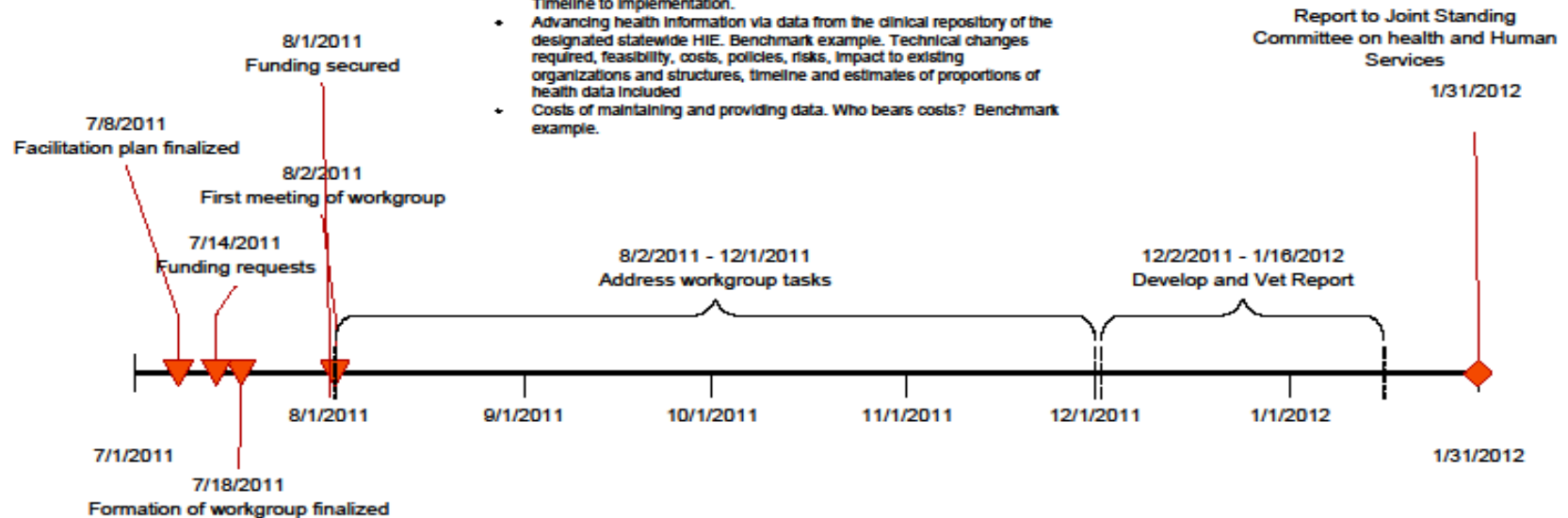
Health Data Workgroup
DRAFT Outline

Goal

Provide recommendations to the Joint Standing Committee on HHS to can Inform legislative decision making related to changes affecting policy, organizational structure and technical infrastructure related to Maine's health data resources

Tasks

- Identify and agree to benchmarks that will serve as standards for comparison
- Review current structures of and relationships among MHDO, DPC, and Onpoint and evaluate the timeliness and effectiveness of data received and output and compare against benchmarks.
- Review current use of data against expressed needs. Identify gaps in policy and structures. Compare with benchmarks. Review against known reports. Recommend steps to improve with timeline, order and prioritize, costs to achieve.
- Policy and legal review of release of PHI for non-treatment uses. Benchmark examples. Sample policy changes to achieve. Protection and security issues that need to be addressed. Costs of changes. Timeline to implementation.
- Advancing health information via data from the clinical repository of the designated statewide HIE. Benchmark example. Technical changes required, feasibility, costs, policies, risks, impact to existing organizations and structures, timeline and estimates of proportions of health data included
- Costs of maintaining and providing data. Who bears costs? Benchmark example.



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Behavioral Health IT

- Hanley Center for Health Leadership: Accelerating Behavioral Health Information Sharing
- Behavioral Health Data Streamlining Initiative

Accelerating Behavioral Health Information Sharing Project Update Brief



Project Objectives: As a result of the work with Maine behavioral health practitioners and stakeholders through December 2011, the Project will:

- Significantly increase awareness of the value of electronic information sharing and the most significant barriers to be overcome
- Plan and begin to implement activities to remove barriers and encourage acceleration of clinical information sharing
- Develop a strong, knowledgeable, and effective constituency for continuing to accelerate sharing of clinical and related information
- Finalize a report with specific recommendations to lay the groundwork for appropriately accelerating the sharing of information among behavioral health providers and with primary care providers

Accelerating Behavioral Health Information Sharing Project Update Brief



- **March 15, 2011 Forum:** This Project Forum involving approximately 115 participants from a broad continuum of the healthcare system. The Forum presentations highlighted federal and state policy makers (including Jaye Weisman, Regional Administrator CMS; Dr. Westley Clark, Director SAMHSA; and Maine's DHHS Commissioner Mary Mayhew) as well as state IT leaders (including Jim Leonard, Dir. Office of State Coordinator Health IT; Dev Culver, CEO, HealthInfoNet; and Phil Saucier, Esq. former legal counsel for the Office of the State Coordinator for Health IT & on Health IT Legal Working Group) and panel discussions by provider/consumers involved in behavioral health & electronic systems.



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Accelerating Behavioral Health Information Sharing Project Update Brief



- **April 25, May 26, & June 29, 2011 Taskforce Meetings:** At the initial April 25th meeting, the group agreed upon overall project objectives and formed into four subgroups for ongoing work:
 - 1. Integration/Exchange Workgroup;
 - 2. Staff Education, Adaptation, & Technical Expertise Workgroup;
 - 3. Consumer Engagement Workgroup; and
 - 4. Legal, Policy, and Financial Barriers and Incentives Workgroup.
- The following meetings focused on collaborative sharing of workgroup progress and challenges; updates from other groups working in behavioral health information sharing (eg. Beacon Community; Maine Quality Counts Behavioral Health Integration Project; ISS-a behavioral health provider collaborative developing a shared EHR product); and informational presentations on related areas such as National Health Information Network Direct & Health Info Net.

Accelerating Behavioral Health Information Sharing Project Update Brief



Workgroup Progress over the summer:

Integration/Exchange - Identified 5 'use case scenarios' describing high priority and typical clinical situations where information sharing could be beneficial. Work completed on correlating specific data elements for sharing with these use case scenarios.

Staff Education - Compiled list of 'lessons learned' in Electronic Health Record implementation and organizing these into a framework for sharing with providers early in the process of EHR selection and implementation

Consumer Engagement - Conducted 2 consumer focus groups to evaluate consumer perspectives on (1) the benefits of sharing mental health information electronically; (2) what data elements would be acceptable to share; and (3) what methods would be best to inform behavioral health consumers in decision making about sharing.

Barriers/Incentives - Identified and prioritized a list of barriers and incentives and formulated plans to address these.

Accelerating Behavioral Health Information Sharing Project Update Brief



Other:

Legislation permitting inclusion of behavioral health info in Health Information Exchange was supported and became law.

Participants met with all 4 federal legislators urging support of the Behavioral Health Information Technology Act, federal legislation to include behavioral health providers in funding support for EHR adoption. Senator Collins has signed on as a co-sponsor.

From a survey to all invitees to the March Forum, feedback was gathered about how best to continue progress on Taskforce recommendations.

October 5, 2011 Taskforce meeting: The taskforce reconvened to discuss and prioritize conclusions from consolidated draft reports and recommendations, to plan for the Concluding Forum, and to offer the group's conclusions on how best to continue to drive change forward.



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Next Steps:

The Steering Committee will work on finalizing the report and recommendations for presentation to a broad group of stakeholders, advocates, and state & federal representatives and officials at the December 14, 2011 Forum.



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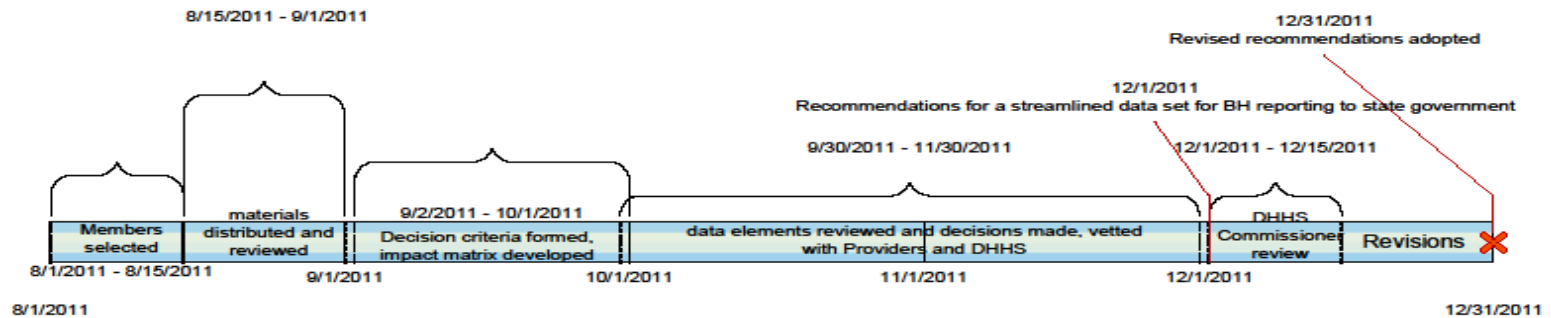
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Behavioral Health Data Streamlining Initiative

DRAFT Plan to Accomplish Streamlined Data Collection and Reporting Requirements from Behavioral Health Providers to DHHS



DRAFT v.1 JL/LD 7/27/11



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- The agencies represented are:
 - » Children Services
 - » Office of Substance Abuse
 - » Quality Improvement/Financial Services
 - » Intellectual Development
 - » Adult Mental Health Services
- Each service has 2 individuals that are gathering the forms and reports that their agencies utilize
- These forms are numbered and sorted by agency and use.
- A spreadsheet has been developed to allow for comments and feedback concerning each document.

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- One major area with a possibility to reduce forms has become visible from different agencies utilizing the same form but under a different file name. This may increase the possible number that can be decreased just based on duplication.
- As this process continues and more people are looking at the individual forms the hope is to identify a systematic way of condensing the needed data that is spread out among several forms and incorporating them into more productive documents.

HealthInfoNet Use Statistics

What statistics would the Steering Committee like to see monthly from HIN?
Here's what I get reported at a weekly level:

1. Healthcare providers connected to HIN by organization
2. Total count of unique users authorized to use HIN by organization
3. Total number of unique users having accessed HIN by organization
4. Total number of patient records accessed by organization

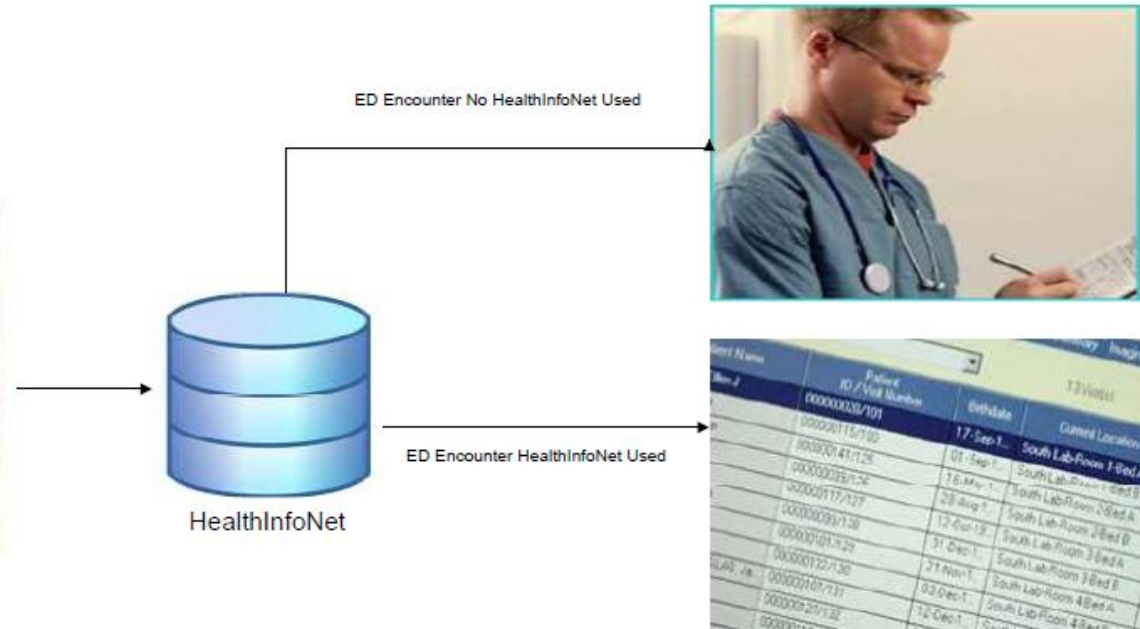
One Measure I Would Like to See that relates to HIN's Core Function



of ED encounters



HIE Measure: HIE used in emergency department encounter



Using a measure like this we would know the percentage of ED encounters by hospital that involved access to the health information exchange.



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